

Application or Docket Number

A33723 1070050

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE - OF			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			62		100141		ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	355.00	OD	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			7/							UH		7 10.00
			66 minus 20=		• 46			X\$ 9≃	414	OR	X\$18=	
INDEPENDENT CLAIMS			6 minus 3 =		`	3		X40=	120	OR	X80=	
		DENT CLAIM PR						+135=	135	OR	+270=	
* If	the difference	in column 1 is	less than ze	ro, ente	r "0" in c	"0" in column 2		TOTAL	1024	OR	TOTAL	
Claims as amended - Part II										•	OTHER	1
(Column 1) CLAIMS			1	(Colum		(Column 3)	ſ	SMALL		OR	SMALL	
⋖_		REMAINING		—N⊍M		-PRESENT-		 	ADDI-			ADDI-
AMENDMENT A		AFTER AMENDMENT		PREVIO PAID		EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	<u> </u>			C A A INA	<u> -</u>		X40=		OR	X80=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL		OR	TOTAL ADDIT. FEE	
		,	ADDIT. FEE (<u> </u>	4 .	ADDII. FEEL						
	,	(Column 1) CLAIMS		(Colui	IEST	(Column 3)] [ADDI-	1 [ADDI-
8		REMAINING AFTER		NUM PREVI		PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
Ē		AMENDMENT		PAID					FEE			FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent				<u> </u>		X40=		OR	X80=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=			+270=	
								TOTAL		OR	TOTAL	
								ADDIT. FEE		OR	ADDIT. FEE	
		1										
ပ		CLAIMS REMAINING		HIGH NUM		PRESENT	ſ		ADDI-			ADDI-
Ę		AFTER		PREVI	DUSLY	EXTRA		RATE	TIONAL		RATE	TIONAL
ME		AMENDMENT		PAID	FOR				FEE			FEE
AMENDMENT C	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	T CL ANA	=		X40=		OR	X80=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=				
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
		her Previously Pai					r fou	nd in the ann	vrontiate hov	r in col	ump 1	